

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012263

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 170 Primary Registration District No. — Registrar's No. 51

FILED MAR 21 1963

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Dove-Eldridge T.S.</u>		c. CITY OR TOWN <u>RURAL-</u>	
Length of stay in 1b <u>18 mos</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Cedar Grove Home</u>		d. STREET ADDRESS (If outside, give location) <u>Long hane, Mo</u>	
3. NAME OF DECEASED (Type or print) First <u>Rosa</u> Middle <u>Ann</u> Last <u>Weeks</u>		4. DATE OF DEATH Month <u>3</u> Day <u>12</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-1-1873</u>
9. AGE (last birthday) <u>89</u>		10. IF UNDER 1 YEAR Months <u>—</u> Days <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (City and state or country) <u>Dallas Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wilson Woods</u>		13b. MOTHER'S MAIDEN NAME <u>Rachel Engel</u>	
14. NAME OF HUSBAND OR WIFE <u>John C. Weeks</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT <u>Ethel Hackler</u> Address <u>Long hane, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic myocarditis</u> DUE TO (b) <u>arteriosclerotic heart disease 20 yrs.</u> DUE TO (c) <u>—</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Senile dementia</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>—</u> a.m. <u>—</u> p.m. <u>—</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <u>—</u> to <u>3-12-63</u> and last saw her alive on <u>3-12-63</u>		Death occurred at <u>4:00 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>B B Hunt M.D.</u> (Degree or title)		22b. ADDRESS <u>Lebanon, Mo.</u>	22c. DATE SIGNED <u>3-14-63</u>
23a. BURIAL CREMATION; REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>3-15-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Liberty</u>	23d. LOCATION (City, town, or county) (State) <u>Long hane Missouri</u>
24. FUNERAL DIRECTOR <u>Jones Cantlon</u> ADDRESS <u>Buffalo, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>3-16-1963</u>	26. REGISTRAR'S SIGNATURE <u>Albella S. May</u>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Jerry L. Carlton

Licensed Embalmer No. 5153

P. O. Address Buffalo, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit Serial - 3-15-1963 - W. R. H.